



HOWARD COUNTY DEPARTMENT OF POLICE RIDE-ALONG PROGRAM APPLICATION

FULL NAME: _____

COMPLETE ADDRESS: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

HOME PHONE: _____ BUSINESS PHONE: _____

E-MAIL ADDRESS: _____

RACE: _____ SEX: _____ DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

EMPLOYER AND/OR SCHOOL ATTENDING: _____

ARE YOU A LAW ENFORCEMENT OFFICER FOR ANY OTHER JURISDICTION? ☐ YES ☐ NO

ARE YOU AN APPLICANT FOR ANY LAW ENFORCEMENT AGENCY? ☐ YES ☐ NO

ARE YOU EMPLOYED BY OR AFFILIATED WITH ANY NEWS MEDIA AGENCY? ☐ YES ☐ NO

*** IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE IDENTIFY THE NAME OF THE AGENCY OR ORGANIZATION:** _____

ARE YOU CURRENTLY UNDER A DOCTOR'S CARE? ☐ YES ☐ NO

ARE YOU CURRENTLY TAKING ANY MEDICATIONS? ☐ YES ☐ NO

STATE YOUR REASONS FOR WANTING TO RIDE ALONG: _____

I authorize a criminal record check be completed in compliance with the guidelines of this program. I understand that the race, sex, date of birth and Social Security Number information recorded on this form is required to check my criminal record.

In consideration of the Howard County Police Department granting me permission to enter in or upon any premises or vehicles which are under its actual or constructive control, **I hereby waive all claims** to damage or loss to my person or property which may be caused by any act, or failure to act, of the Howard County Police Department, its officers, agents or employees. I assume the risk of all dangerous conditions in, upon or about the premises or vehicles and waive any and all specific notice of the existence of such conditions. I also understand that the Watch Commander has the authority to revoke permission to participate in the program if my conduct, mental well being, or attire is determined not to be in the best interest of the Department.

HAVE YOU COMPLETED THIS WAIVER FORM BEFORE? ☐ YES ☐ NO If yes, when: _____

DO YOU UNDERSTAND THIS WAIVER FORM? ☐ YES ☐ NO

DO YOU AGREE TO ALL THE GUIDELINES OUTLINED ON THE RIDE ALONG PARTICIPANTS FORM? ☐ YES ☐ NO

(Signature of Participant) _____ Date _____ (Signature of parent or guardian if participant is under 18) _____

DATE YOU WISH TO RIDE? _____ TIME YOU WISH TO RIDE? _____

I WISH TO RIDE WITH A: ☐ NORTHERN DISTRICT OFFICER ☐ SOUTHERN DISTRICT OFFICER

OFFICER'S NAME (If specific Officer is requested): _____



HOWARD COUNTY DEPARTMENT OF POLICE
3410 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043

The Howard County Police Department encourages citizens of the community to participate in the Police Ride-Along Program.

In order to facilitate this program, detailed guidelines have been established. Please review these important guidelines carefully.

1. Police Department shifts are as follows:

DAY: 6:30 a.m. to 6:30 p.m.
8:30 a.m. to 8:30 p.m.

NIGHT: 6:30 p.m. to 6:30 a.m.
8:30 p.m. to 8:30 a.m.

2. As an applicant, you may request the day, shift and District you prefer. You must ride a minimum of six (6) hours. It is your responsibility to arrange transportation to and from the Police station you select. **YOU MAY ONLY RIDE ONCE EVERY SIX (6) MONTHS.**

NORTHERN STATION:

3410 Court House Drive
Ellicott City, Maryland 21043
(410) 313-3200
(Located in Howard County Complex across from the
District Court Multi Purpose Building)
Areas: Ellicott City, Elkridge & Lisbon/West Friendship

SOUTHERN STATION:

11226 Scaggsville Road
Laurel, Maryland 20723
(410) 313-3700
(Located behind the Cherry Tree Shopping Center)
Areas: Columbia, Savage/Laurel & Clarksville

3. The attached application and waiver form must be completed and returned to the Howard County Police Department **at least fourteen (14) days prior to** the requested participation date. The Watch Commander may waive the fourteen (14) day advance scheduling requirement in situations where a background check is already on file or the Watch Commander/officer personally knows the ride-along applicant. A background check must be conducted on all parties before engaging in a ride-along.
4. As an applicant you must be appropriately attired and groomed. The following are examples of types of clothing which are NOT acceptable: T-shirts, Halter tops, Torn Jeans, Shorts, Sandals. If you are not appropriately attired, the Watch Commander may cancel your permission to ride-along.



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5. As a ride along applicant, you must be in good physical and mental health.
6. As a ride along applicant, you are prohibited from carrying any weapons during the ride along period. Please ensure that you have removed and properly secured any knives or other types of weapons from your person before reporting for your scheduled ride along. The Watch Commander may grant exceptions for verified, currently sworn law enforcement personnel.
7. In order to participate in the ride along program, you must:
 - a. Be a resident of Howard County (exceptions are given for police applicants and other special considerations);
 - b. Be at least sixteen (16) or seventeen (17) years of age and have parental permission;
 - c. Authorize a criminal background check be conducted; and
 - d. Successfully pass the criminal background investigation prior to the ride-along.
8. In order to comply with Department policies and State law, you must utilize safety belts in the police vehicle. Additionally, certain police calls are considered inherently dangerous which may require the officer to drop you off at a safe location before responding to the call. In such instances, another officer will respond to pick you up.
9. **DO NOT** interfere in any way with the officer's handling of a situation. You may ask questions concerning the incident after it has been completed and the officer has cleared the scene. Tape recorders **are NOT permitted** in the police vehicle. Cameras may rarely be used and only with the officer's express permission.
10. Ride along applicants are NOT permitted to enter a private residence without the express permission of the occupant.
11. Ride along applicants MUST follow all instructions provided by the police officer host during the ride along period.
12. The Watch Commander has the authority to revoke permission to participate in the program if an applicant's conduct, mental well being, or attire is determined not to be in the best interest of the Department.

We hope that you enjoy your police ride-along and that you will find the experience beneficial.

Upon approval of your application, you will receive a telephone call and/or notice in the mail. If you receive notice through the mail, bring the notice with you when you report to the Police Department lobby for your ride-along.

**PLEASE KEEP THESE GUIDELINES AND REVIEW THEM AGAIN
PRIOR TO YOUR SCHEDULED RIDE-ALONG PERIOD**